



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**ATTORNEY DOCKET NO. 086142-0581**

Applicant: Weixin GU et al.  
Title: HEAD-PROTECTING AIRBAG AND HEAD-PROTECTING AIRBAG DEVICE  
Appl. No.: Unassigned  
Filing Date: 11/14/2003  
Examiner: Unassigned  
Art Unit: Unassigned



**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the non-provisional utility patent application of:

Weixin GU  
Katsushi YOSHII

Enclosed are:

- [ X ] Application Data Sheet (37 CFR 1.76) (2 pages).
- [ X ] Specification, Claim(s), and Abstract (16 pages).
- [ X ] Formal drawings (4 Sheets, Figures 1, 2(a), 2(b), 3, 4(a), 4(b) and 5).
- [ X ] Declaration and Power of Attorney (3 pages).
- [ X ] Assignment Recordation Cover Sheet.
- [ X ] Assignment of the invention to TAKATA CORPORATION (2 pages).
- [ X ] Claim for Convention Priority and Priority Document.
- [ X ] Information Disclosure Statement (2 pages).
- [ X ] Form PTO/SB/08 with copies of 2 listed reference(s).

Appl. No. Unassigned

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	= \$770.00
Total Claims:	22	20	= 2	x \$18.00	= \$36.00
Independents:	5	3	= 2	x \$86.00	= \$172.00
If any Multiple Dependent Claim(s) present:			+	\$290.00	= \$0.00
				SUBTOTAL:	= \$978.00
[ ]				Small Entity Fees Apply (subtract ½ of above):	=
				TOTAL FILING FEE:	= \$978.00
Assignment Recordation Fee:			+	\$40.00	= \$40.00
TOTAL FEE					= \$1,018.00

- [ X ] A check in the amount of **\$1,018.00** to cover the filing fee and fee for recordation of Assignment is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

November 14, 2003  
Date

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